

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

10507346

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15	/						65					
16		/					66					
17		/					67					
18	/						68					
19	/						69					
20	/						70					
21	/						71					
22	/						72					
23	/						73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep							Indep					
Total							Total					
Depend							Depend					
Total							Total					
Claims							Claims					

BEST AVAILABLE COPY